



NYC Parks

SUBCONTRACTOR COMPLIANCE REPORT

PRIME CONTRACT INFORMATION

Contract Number: -----

Comptroller Number: -----

Contract Value: -----

M/WBE Participation Goal (Dollar Value):-----

Requisition Number (Indicate Partial / Substantial / Final): -----

Net Requisition this Payment: -----

Payment Period: From: ----- To: -----

Contract Registration Date: -----

Start Date (OTW): -----

Proj. Completion Date (SCD): -----

PRIME CONTRACTOR INFORMATION

Company Name: -----

E-mail: -----

Address: -----

Contact Person: -----

Phone: -----

City: -----

EIN/SSI: -----

Fax: -----

State / Zip: -----

Directions: All contracts for which a utilization plan has been submitted pursuant to M/WBE contract requirements, prime contractors must submit this form ***with each voucher for payment*** and/or periodically as the agency may require. It details the total amount paid to subcontractors (including subcontractors that are not M/WBE's); the names, addresses and contact numbers of each M/WBE hired as a subcontractor pursuant to such plan as well as the dates and amounts paid to each M/WBE.

SUBCONTRACTOR NAME & EIN, ADDRESS, PHONE / FAX	ETHNICITY (Black, Hisp., Asian)	INDICATE IF M/WBE, LBE OR (N/A) NOT APPLICABLE	"SAF" STATED ESTIMATE	DESCRIPTION or TRADE / SPECIALTY	PREVIOUS PAYMENTS	PAYMENT DUE TO SUB FOR THIS PERIOD*	TOTAL	STATUS OF WORK	FOR FINAL / SUBSTANTIAL PAYMENT, INDICATE ALL PAYMENT DATES TO SUBCONTRACTOR.
								Ongoing Complete	
								Ongoing Complete	
								Ongoing Complete	
								Ongoing Complete	
								Ongoing Complete	
TOTALS:									

This form must be certified under penalty of perjury: Attach additional pages (copies of this page), as needed. (Note: If no sub-contractors are employed, state "NONE" above.) **Attach Form 40-SC for subcontractor(s).** I hereby affirm that the information supplied in this Subcontractor Compliance Report is a true, accurate, and complete account of the status of work subcontracted and payments made to subcontractors for work on the above-referenced contract.

Print Name:	Signature:	Title:	Date:
-------------	------------	--------	-------

*WITHIN 7 DAYS OF PRIME CONTRACTOR'S RECEIPT OF DPR PAYMENT, THE PRIME CONTRACTOR MUST PAY THE ABOVE SUBCONTRACTOR/S IN FULL FOR THE VALUE OF WORK PERFORMED DURING THE PAY PERIOD.